## Initial Application for Permit $\ \square$

Date Received:



# Town of Bedford **BOARD OF HEALTH**

#### **BOARD OF HEALTH**

Town Center Building 12 Mudge Way Bedford MA 01730-2170

**Katharine Dagle Health Agent** Phone: 781-275-6507

Fax: 781-687-6157

# **Food Establishment - Initial Permit Application**

(Application must be submitted at least 30 days before the planned opening date)

1) Establishment Name:						
) Establishment Address:						
) Establishment Mailing Address (if different):						
4) Establishment Telephone	No: Establishment FAX No:					
5) Applicant Name & Title:						
6) Applicant Address:						
7) Applicant Telephone No:	24 Hour Emergency No:					
8) Owner Name & Title (if different from applicant):						
9) Owner Address (if different from applicant):						
10) Establishment Owned By:  An association A corporation An individual A partnership Other legal entity	11) If a corporation or partnership, give name, title, and home address of officers or partner.  Name  Title  Home Address					
12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)						
Name & Title:						
Address:						
Telephone No:	Fax:					
Emergency Telephone No:						
13) District Or Regional Supervisor (if applicable)						
Name & Title:						
Address:						
Telephone No:	Fax:					

### Food Establishment Information

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14)	Water Source: TOWN		15)	15) Sewage disposal: TOWN				
DEI	Public Water Supply No: ( if	applie						
16) Days and Hours of Operation:					No. of Food Employees:			
	18) Name of Person In Charge Certified in Food Protection Management:  Required as of 10/1/2001in accordance with 105 CMR 590.003(A) Please attach copy of certificate.							
19)	19) Person Trained In Anti-Choking Procedures (if 25 seats or more): Yes No							
	(check one)  Permanent Structure  Mobile  (		<ul><li>□ Food Service – ( Seats)</li><li>□ Food Service – Takeout</li></ul>		Caterer Food Delivery Residential Kitchen for Retail Sale Residential Kitchen for Bed and Breakfast Home Residential Kitchen for Bed and Breakfast Establishments Frozen Dessert Manufacturer			
	Annual Seasonal/Dates: Temporary/Dates/Time:							
	Defin	itions:						
	eck all that apply):		Non-PHFs – non- potentially hazardous for RTE – ready-to-eat foods (Ex. sandwiches		no time/temperature controls required) ads, muffins which need no further processing)			
	Sale of Commercially Pre- Packaged Non-PHFs		□ PHF Cooked To Order		Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.			
	Sale of Commercially Pre- Packaged PHFs	[	<ul> <li>Preparation Of PHFs For Hot And Cold Holding For Single Meal Service.</li> </ul>		PHF and RTE Foods Prepared For Highly Susceptible Population Facility			
	Delivery of Packaged PHFs		Sale Of Raw Animal Foods Intended to be Prepared by Consumer.		Vacuum Packaging/Cook Chill			
Reheating of Commercially Processed Foods For Service Within 4 Hours.			☐ Customer Self-Service		Use Of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control)			
<ul> <li>Customer Self-Service Of Non- PHF and Non-Perishable Foods Only.</li> </ul>			☐ Ice Manufactured and Packaged for Retail Sale		Offers Raw Or Undercooked Food Of Animal Origin.			
	□ Preparation Of Non-PHFs		Juice Manufactured and Packaged for Retail Sale		Prepares Food/Single Meals for Catered Events or Institutional Food Service			
Other (Describe):			Offers RTE PHF in Bulk Quantities					
		C	<ul><li>Retail Sale of Salvage, Out-of Date or Reconditioned Food</li></ul>					
I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the federal Food Code.  24) Signature of Applicant:								
Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.								
25	25) Social Security Number or Federal ID:							
26	26) Signature of Individual or Corporate Name:							

### BEDFORD BOARD OF HEALTH FEE SCHEDULE

Food Service Establishment Permits		
Food Service, Base Fee for up to 100 seats	\$150	February 28 – Expire date
Food Service, 101-200 Seats	\$250	
Food Service, 201-300 Seats	\$350	
Food Service, 301-400 Seats	\$450	
Food Service, over 400 Seats	\$550	
*Retail Food, Small Scale	\$20	
** Retail Food	\$150	
***Retail Food, Supermarket	\$300	
Mobile Unit/Push Cart	\$50	
Residential Kitchen	\$50	
Function Halls	\$100	
Church Kitchen	\$0	
Temporary Food Establishment	\$25	
Caterers	\$75	
Frozen Dessert Manufacturer's License	\$25	
Notes:		
* Retail food, Small Scale = less than 18 sq.		
ft. floor space, with sale of only "Non-		
Potentially Hazardous" foods.		
** Retail food, up to 3500 sq. ft. floor space		
of food operations.		
*** "Supermarket" = greater than 3500 sq. ft.		
floor space of food operations.		